

**CITY OF WILMINGTON  
 OUTSIDE AGENCY APPLICATION  
 FOR FUNDING A NON-CONSTRUCTION PROGRAM  
 FISCAL YEAR 2010-2012**

**I. CHECKLIST AND REQUIRED SIGNATURES**

**Please be sure the following items are complete, as part of the original application:**

1. Is each section complete?
  - I. Checklist and Required Signatures \_\_\_\_\_
  - II. Applicant Information \_\_\_\_\_
  - III. Agency Information \_\_\_\_\_
  - IV. Program Overview \_\_\_\_\_
  - V. Budget (agency budget attached) \_\_\_\_\_
  - VI. Performance Management \_\_\_\_\_
  - VII. Work Plan with Performance Measures \_\_\_\_\_
2. Does the program serve low-and moderate-income clientele? Y\_\_\_\_ or N \_\_\_\_\_
3. Does the program address the City's Five-Year Consolidated Plan? Y\_\_\_\_ or N \_\_\_\_\_
4. Does the program address a HUD National Objective? Y\_\_\_\_ or N \_\_\_\_\_
5. Does the program address one of the City's Focus Areas? Y\_\_\_\_ or N \_\_\_\_\_
6. Is this a joint application? Y\_\_\_\_ or N \_\_\_\_\_

**Also, please provide ONE of each of the following documents, regardless of whether the City has this information on file: (If this is a joint application, each agency must complete a copy of this page)**

1. IRS tax determination letter of 501 (c) (3) \_\_\_\_\_
2. Current Bylaws and Articles of Incorporation \_\_\_\_\_
3. Most recent independent audit and management letter, for year ending \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_
4. Most recent IRS tax form 99 \_\_\_\_\_
5. Organizational chart with key personnel and their titles \_\_\_\_\_
6. Current list of Board of Directors, with mailing addresses \_\_\_\_\_
7. Conflict of Interest Policy \_\_\_\_\_
8. Résumés for Executive Director and Program Director \_\_\_\_\_
8. Commitment letters from approved funding sources \_\_\_\_\_

Interviews for non-construction programs will be held March 1-5, 2010

Would your agency like to have an interview: Yes \_\_\_\_ No \_\_\_\_

**To the best of my knowledge and belief, all data in this application are true and current. The application has been authorized by the applicant's governing board.**

\_\_\_\_\_  
 Executive Director (Please print)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Executive Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Board Chairman (Please print)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Board Chairman Signature

\_\_\_\_\_  
 Date

Date application was approved by the Board of Directors \_\_\_\_\_

## II. APPLICANT INFORMATION

Name of **Program** to be Funded: \_\_\_\_\_

Full Legal Name of Applicant or Lead Agency: \_\_\_\_\_

**(If this is a joint application, each agency must complete items II and III on separate sheets)**

Federal Taxpayer ID Number: \_\_\_\_\_ Solicitation #: \_\_\_\_\_

DUNS Number: \_\_\_\_\_ (Dun & Bradstreet, Inc. provides this number at no charge and is required for federal funding recipients. Obtain a DUNS number at <http://fedgov.dnb.com/webform>.)

Check One:    ☐ Nonprofit Organization       ☐ For-Profit       ☐ Public Agency

Is this a faith-based organization?   ☐ Yes       ☐ No

Executive Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Program Site Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accountant or Financial Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_

Application Prepared By (Individual): \_\_\_\_\_

Agency or Business Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **BUDGET**

a. Total estimated **agency** budget for funding cycle 2010-11.....\$ \_\_\_\_\_

b. Total estimated **program** budget for funding cycle 2010-11.....\$ \_\_\_\_\_

c. Total amount of City funds **requested** for funding cycle 2010-11.....\$ \_\_\_\_\_

d. Total amount of funding **received** from the City 2008-10 .....\$ \_\_\_\_\_

e. Percent of program budget requested from City (c ÷ a)..... %

Percent of program budget requested from City (c ÷ b)..... %

**No project will be funded 100 percent by the City**

### III. AGENCY INFORMATION

**A. Brief summary of agency's mission and goals (25 words or less).**

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**B. Longevity**

1. Number of years agency has been in business: \_\_\_\_\_

2. Number of years agency has operated a 501 (c) (3) \_\_\_\_\_

3. Has this agency operated under another name? Yes \_\_\_\_\_ No \_\_\_\_\_, if "yes," list all previous names:

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4. Number of years agency has conducted the **program** for which funding is requested: \_\_\_\_\_

5. Describe your agency's expertise in carrying out the proposed program, including the number of clients served for the previous program year.

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**C. Does your agency have any of the following written management policies:**

Personnel policy?	Yes _____	No _____
Job descriptions?	Yes _____	No _____
Purchasing policy?	Yes _____	No _____
Code of conduct?	Yes _____	No _____
ADA policy?	Yes _____	No _____

**D. Does your agency solicit donations or hold fundraisers?** Y \_\_\_\_\_ N \_\_\_\_\_

**E. Has the agency been involved in any lawsuits?** Y \_\_\_\_\_ N \_\_\_\_\_

**F. Are there any outstanding judgments against the agency?** Y \_\_\_\_\_ N \_\_\_\_\_

**G. Has the agency (applicant) filed a petition for bankruptcy or has a petition for bankruptcy been filed against the applicant?** Y \_\_\_\_\_ N \_\_\_\_\_

**H. Disclosure of Potential Conflict of Interest:**

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates:

1. Employees of the City of Wilmington or related to a City employee? YES \_\_\_ NO \_\_\_
2. Members of or closely related to members of Wilmington City Council? YES \_\_\_ NO \_\_\_
3. Current beneficiaries or related to beneficiaries of the program for  
which funds are requested? YES \_\_\_ NO \_\_\_
4. Paid providers of goods or services to the program or having other  
financial interest in the program or related to such individuals? YES \_\_\_ NO \_\_\_

**If you answered "Yes" to any questions E-H, please explain.** The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.

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IV. PROGRAM OVERVIEW
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**A. Type of Program:** (Check ONE category and ONE subcategory, if applicable.)

1. ☐ Affordable Housing
2. ☐ Economic Development (choose one subcategory)  
☐ Micro-enterprise Assistance      ☐ Training & Placement
3. ☐ Public Service (check all that apply)  
☐ Homeless      ☐ Domestic Violence      ☐ Youth Program      ☐ Elderly Program  
☐ Cultural      ☐ People with Disabilities      ☐ Other \_\_\_\_\_
4. ☐ Transportation
5. ☐ Other:

## B. Program Description

In 25 words or less, provide a brief description of the program for which you are requesting funding.

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**1. Program Impact** In 50 words or less, describe the impact the program will have on addressing the priorities identified in the 5 Year Consolidated Plan and City Council Focus Areas. Support with available data and probabilities.

[illegible]

2. Identify and describe similar programs provided by other nonprofit or public agencies serving low-to moderate-income clientele.

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3. How will your agency or group of agencies collaborate with those similar programs to avoid duplication and overlap?

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**C. Eligibility – City of Wilmington:**

To be eligible for Community Development Block Grant, HOME or General Funds from the City of Wilmington, program activities should address at least one of the City’s Focus Areas. (See Applications Guidelines for City Council Focus Area descriptions)

1. Explain, in 25 words or less, how your program addresses at least **one City Council** Focus Area.

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**D. Eligibility - Community Development Block Grant:**

To be eligible for Community Development Block Grant or HOME program activities must meet one of the HUD national objectives listed below. **CHECK ONE STATEMENT ONLY.**

1. LMI Limited Clientele: At least 51 percent of persons served will be from low- to moderate-income households. Explain below how you will determine household income. \_\_\_\_\_
2. LMI Jobs: At least 51 percent of jobs created or retained will be filled by low- to moderate-income persons. Explain below how you will determine household income. \_\_\_\_\_
3. LMI Housing: All households provided with housing assistance will have low- to moderate- income. Explain below how you will determine household income. \_\_\_\_\_
4. LMI Area: An activity, the benefits of which are available to all the residents in a particular area, where at least 51 percent of the residents are low- to moderate-income persons. \_\_\_\_\_  
 Give the census block numbers and percent of L/M residents: \_\_\_\_\_  
 \_\_\_\_\_
5. Area Blight: The program will cure conditions of slum and blight in a designated blighted area. Describe the area below and **attach a map** showing its boundaries. \_\_\_\_\_
6. Spot Blight: The program will cure conditions that are a threat to public health and safety in a building not located in a blighted area. Describe below the specific conditions that pose a threat and how the end use will benefit low- to moderate-income persons. \_\_\_\_\_

**E. Eligibility - Five-Year Consolidated Plan for CDBG and HOME 2007-2012**

CDBG, HOME funded programs should address at least one of the priorities identified in the Five-Year Consolidated Plan. Check all the priorities that apply:

Provide affordable rental housing for those living in poverty \_\_\_\_\_

Increase the stock of affordable housing by investing in new construction and rehabilitation \_\_\_\_\_

Provide supportive permanent housing for extremely low and low income people, including those with special needs \_\_\_\_\_

Foster affordable workforce housing \_\_\_\_\_

Support affordable homeownership \_\_\_\_\_

Preserve long-term affordability of housing stock \_\_\_\_\_

Provide for outreach, assessment and appropriate supportive services to homeless \_\_\_\_\_

Provide emergency shelter \_\_\_\_\_

Provide transitional housing for homeless \_\_\_\_\_

Focus on revitalizing neighborhoods and providing services to residents \_\_\_\_\_

Describe (briefly) how the program relates to the Five-Year Consolidated Plan for CDBG and HOME 2007-2012. Copies of the Plan are available electronically or hard copy from the Community Development Division, and on the City website: [www.wilmingtonnc.gov](http://www.wilmingtonnc.gov).

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## F. Clientele

All CDBG and HOME programs must primarily benefit lower income persons. Income verification is required to demonstrate benefit to a MINIMUM of 51 percent extremely low-, very low- and low-income persons. Income verification may include the following types of documentation: tax returns, receipt of public assistance, Section 8 Certificates or City-approved self-certification. Current income limits are shown below. Income limits are updated annually.

<b>WILMINGTON MSA HUD PROGRAM            INCOME LIMITS BY HOUSEHOLD SIZE            FY 2009-2010</b>			
<b>Number of Persons            In Household</b>	<b>Maximum Annual Household Income</b>		
	<b>Extremely Low-Income            0-30% of AMI*</b>	<b>Very Low-Income            31-50% of AMI*</b>	<b>Low-Income            51-80% AMI*</b>
1	12,100	20,150	32,250
2	13,850	23,050	36,900
3	15,550	25,900	41,500
4	17,300	28,800	46,100
5	18,700	31,100	49,800
6	20,050	33,400	53,500
7	21,450	35,700	57,150
8	22,850	38,000	60,850

AMI: Average Median Income. Source: U.S. Department of Housing and Urban Development

1. Indicate the target population most applicable to your program:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abused Children       | <input type="checkbox"/> Battered Spouses/Families | <input type="checkbox"/> Elders (62+)             |
| <input type="checkbox"/> Homeless Persons      | <input type="checkbox"/> Illiterate Adults         | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Person with AIDS      | <input type="checkbox"/> Lower Income Adults       | <input type="checkbox"/> Lower Income Youth       |
| <input type="checkbox"/> Lower Income Families | <input type="checkbox"/> Other (specify) _____     |   |

2. Describe the target clientele to be served by the program and how your agency will inform and attract this clientele (outreach plan).

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3. How many individuals or households will be served by this program whose income is at or below median income? (List both, if applicable. Information on median income is available in the application guidelines.)

Individuals \_\_\_\_\_ **OR**

Households \_\_\_\_\_



4. Describe the method you will use to verify that your clients are lower income persons or households.

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5. Is the location of your program fully accessible to person with disabilities, including mobility impaired, hearing impaired and vision impaired persons? \_\_\_\_ Yes \_\_\_\_ No

If "no," please explain: \_\_\_\_\_

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6. Explain how your agency meets the cultural and language needs of minority individuals, including outreach to the Hispanic community.

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## V. BUDGET

### A. REVENUE - ESTIMATED FUNDING

Complete the following table to show **ALL funds anticipated to be received by your agency (or group) in fiscal years 2006-08 for this program.** When completing the table, indicate **Status** as follows: **P** = Proposed; **S** = Application Submitted; **A** = Approved. For "Approved Funding Sources," please attach commitment letters.

List of Potential Funding Sources	Status	Amount FY 2010-2011	Status	Amount FY 2011-2012
City of Wilmington: CDBG, HOME, General Funds	<b>S</b>	\$	<b>P</b>	\$
HUD funds other than CDBG or HOME				
Other Federal Funds (list Federal agencies)				
State Government: (list State agencies)				
Other Local Government Funds (City or County)				
Foundations: (list Foundation names)				
Client Fees				
Fund Raising				
Donations (monetary)				
Other Sources (list):				
<b>TOTAL REVENUES</b>		\$		\$

**B. EXISTING BUDGET:** Provide a copy of the **agency's** Actual Budget for Fiscal Year 2009-10 or Calendar Year 2009. Attach the budget directly behind the "Budget" section, and **indicate whether it is for Fiscal Year 2009-10 or calendar year 2009.**

**Agency Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**C. DETAILED BUDGET YEAR ONE (2010-11)**

	Column 1 Agency Budget	Column 2 Program Budget (if different)	Column 3 City Request
Personnel (Direct labor)	\$	\$	\$
Fringe Benefits			
Workman's Comp			
Contractual/Professional Fees (list)			
Grant Writing			
Legal Services			
Accounting Services			
Travel			
Staff Training			
Telephone			
Postage			
Office Supplies			
Printing & Publications			
Dues & Subscriptions			
Fundraising			
Recognition/Awards			
Equipment/Capital Outlay or Lease*			
Equipment Maintenance			
Rent (building)			
Utilities			
Insurance & Bonds			
Indirect Costs			
Other: (list each item)			
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\* If City funds are to be used for equipment purchase, please explain (on a separate sheet) your bidding process or procurement procedures, including plans to solicit minority businesses

**Agency Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**DETAILED BUDGET YEAR TWO (2011-2012)**

	Column 1	Column 2	Column 3
	Agency Budget	Program Budget (if different)	City Request
Personnel (Direct labor)	\$	\$	\$
Fringe Benefits			
Workman's Comp			
Contractual/Professional Fees (list)			
Grant Writing			
Legal Services			
Accounting Services			
Travel			
Staff Training			
Telephone			
Postage			
Office Supplies			
Printing & Publications			
Dues & Subscriptions			
Fundraising			
Recognition/Awards			
Equipment/Capital Outlay or Lease			
Equipment Maintenance			
Rent (building)			
Utilities			
Insurance & Bonds			
Indirect Costs			
Other: (list each item)			
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Agency Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**IF CITY FUNDS WILL BE SPENT ON PERSONNEL, COMPLETE THE FOLLOWING CHART**

	Column 1	Column 2	Column 3	Column 4	Column 5
	Estimated Hours Spent on Program Per Year	Rate per Hour	Estimated Cost Year One	Estimated Cost Year Two	Total Estimated Cost For Two Years
Personnel (Direct labor)			\$	\$	\$
Position or Individual					
<b>Total Direct Labor Cost</b>			\$	\$	\$
Fringe Benefits	Rate (%)	Base	Estimated Cost	Estimated Cost	Estimated Cost
			\$	\$	\$
<b>Total Fringe Benefits</b>			\$	\$	\$
Transfer totals to Detailed Budget sheets accordingly.					

**Agency Name:**

\_\_\_\_\_

**DUNS #:** \_\_\_\_\_

**LIST REQUESTS FOR CITY SURPLUS ITEMS, i.e. furniture- desk, chairs, file cabinets, etc.**

<b>ITEM REQUESTED</b>	<b>QUANTITY NEEDED</b>

## VI. PERFORMANCE MANAGEMENT

HUD has implemented a performance measurement system to better assess the effectiveness and impact of its programs. This system is required for all HUD programs and enables HUD and grantees to capture program accomplishments and track national trends. Each applicant must select one objective **and** one outcome to produce what HUD describes as an outcome statement, all of which are driven by local intent.

Please select the most appropriate **objective** for your project/program. In selecting the objective, consider the “*purpose*” of the project or program for which you are seeking federal funds.

- ☐ **Creating suitable living environments** – these activities are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy or elderly health services.
- ☐ **Providing decent housing** – these activities cover a wide range of housing activities generally completed with HOME and CDBG funds. This objective focuses on activities whose purpose is to meet the individual family or community housing needs. It does not include programs where housing is an element of a larger community-wide improvement, since such programs would be more appropriately reported under suitable living environments.
- ☐ **Creating economic opportunities** – applies to activities related to economic development, commercial revitalization, or job creation.

### AND

Please select the most appropriate **outcome** for your project/program. In selecting an outcome, consider “*the type of change or result your project/program is seeking.*”

- ☐ **Availability/Accessibility** – applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income people where they live.
- ☐ **Affordability** – applies to activities that provide affordability in a variety of ways to low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care. Affordability is appropriate whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.
- ☐ **Sustainability** – applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

These two factors combined, will produce an “outcome statement” (Objective + Outcome = Outcome Statement). *For example, if the Objective selected is “Suitable Living Environment” and the Outcome selected is “Affordability,” then the Outcome Statement should be “Affordability for the purpose of creating suitable living environments. An outcome statement for your specific project/program might read, “In FY 2009, Nonprofit ABC will assist 150 households by providing downpayment and closing cost assistance for the purpose of making homeownership affordable to 25 families.”*

OBJECTIVES	Objective #1: Suitable Living Environment	Outcome 1: Availability/Accessibility Accessibility for the purpose of creating Suitable Living Environments	Outcome 2: Affordability Affordability for the purpose of creating Suitable Living Environments	Outcome 3: Sustainability Sustainability for the purpose of creating Suitable Living Environments
	Objective #2: Decent Housing	Accessibility for the purpose of providing Decent Housing	Affordability for the purpose of providing Decent Housing	Sustainability for the purpose of providing Decent Housing
	Objective #3: Economic Opportunity	Accessibility for the purpose of creating Economic Opportunities	Affordability for the purpose of creating Economic Opportunities	Sustainability for the purpose of creating Economic Opportunities

What will your “outcome statement” be?

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Please also provide at least one measure of success for your project or program. For example, 75% of the individuals participating in the homebuyer counseling classes will purchase a home within 6 months of course completion.

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## **VII. WORK PLAN WITH PERFORMANCE MEASURES**

Complete the Work Plan with Performance Measures below to align the outcome statement with specific program activities. Provide timeline schedule of proposed activities start and completion. In addition, please list outputs, such as number of participants served. Provide performance measures to indicate the level of success of the activity toward accomplishing the desired outcome, such as percentage of homebuyers counseled who successfully become homeowners. Finally, identify method used to measure outcome, such as pre and post survey of participants, etc.

## Work Plan with Performance Measures

<b>OUTCOME STATEMENT:</b> <i>Insert outcome statement from above (HUD performance management)</i>			
<b>ACTIVITIES:</b> <i>list major activities to be carried out in order to achieve the outcome; i.e. services a program provides; what staff and participants do.</i>	<b>TIMELINE:</b> <i>When will the activity begin –end</i>	<b>OUTPUTS:</b> <i>Products of a program's activities; i.e. volume of service (#s)</i>	<b>PERFORMANCE MEASURE:</b> <i>Specific information that reveals level of achievement of the outcome. ... how you know achieved outcome; i.e. # and % of participants</i>
<b>METHOD OF MEASURE:</b> <i>Method for collecting performance measure information; i.e. survey, test, records, physical measurement, observation, etc.</i>			

Use additional worksheet if needed to list activities